



Corrected Copy

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers: from 10-21-2019 to 12-31-2019

1. Committee I.D. Number
33520

2. Committee Name
Jeff Wright 2000

4. Candidate Last Name **Wright** First Name **Jeff** M.I.
4a. Office Sought Including District # or Community Served (If applicable)
Drain Commissioner

4b. County of Residence **GENESEE**

5. Committee's Mailing Address
**2174 Sycamore St.
Burton, MI 48509**

Area Code and Phone (810) 742-0246
If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address
**Warren Vyvyan
1455 Laurentian Pass
Flint, MI 48532**

Area Code & Phone (810) 742-0246

7. Treasurer's Business Address
same as #6

Area Code and Phone _____

8. Designated Record Keeper's Name and Mailing Address (If the committee has a Designated Record Keeper)

Area Code and Phone _____

9. TYPE OF STATEMENT
9a. Pre-Election OR 9b. Post-Election

Pre-Election or Post-Election Statement relates to:

Primary
 General
 Convention
 Special
 School
 Caucus

Date of Election, Convention or Caucus _____

Required ONLY if candidate is not on the ballot for the current year:

July Quarterly
 October Quarterly

9c. Annual Statement (2019) Coverage Year
9d. Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record Keeper Warren Vyvyan Type or Print Name
Signature [Signature] Date 2-5-2020

Candidate Jeff Wright Type or Print Name
Signature [Signature] Date 2.6.2020



Corrected

**ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE**

1. Committee I.D. Number 33520
2. Committee Name Jeff Wright 2000

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC). Report all contributions regardless of amount.

6. Amount
7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)

3. Contribution #1 PAC Receipt? YES 4. Date of Receipt 10-25-2019

Name & Address:
Kevin Kilby
278 Kingsbrook Dr.
Frankenmuth, MI 48734

\$ 3000- \$ 4,000-

5. If over \$100.00 cumulative, please provide:
Occupation ATTORNEY Employer M'Graw - Morris PC

Click Here for Memo Itemization

Business Address 2075 W Big Beaver Rd Suite 750 Troy, MI 48084

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #2 PAC Receipt? YES 4. Date of Receipt 10-25-2019

Name & Address:
Michael D'Agostini
17565 Augusta Dr.
Macomb, MI 48042

\$ 1,500- \$ 3,500-

5. If over \$100.00 cumulative, please provide:
Occupation OWNER Employer D'Agostini Const.

Click Here for Memo Itemization

Business Address 15801 23 mile Rd Macomb Twp, MI 48042

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #3 PAC Receipt? YES 4. Date of Receipt 10-25-2019

Name & Address:
Sherry D'Agostini
2281 Pond Vallee Dr.
Oakland, MI 48363

\$ 2,000- \$ 6,000-

5. If over \$100.00 cumulative, please provide:
Occupation OWNER Employer D'Agostini Const.

Click Here for Memo Itemization

Business Address 15801 23 mile Rd Macomb Twp, MI 48042

Type of Contribution: Direct Loan from a person Fund Raiser

3. Contribution #4 PAC Receipt? YES 4. Date of Receipt 10-25-2019

Name & Address:
Luigi R. D'Agostini
2281 Pond Vallee Dr.
Oakland, MI 48363

\$ 2,000- \$ 6,000-

5. If over \$100.00 cumulative, please provide:
Occupation OWNER Employer D'Agostini Const.

Click Here for Memo Itemization

Business Address 15801 23 Mile Rd Macomb Twp MI 48042

Type of Contribution: Direct Loan from a person Fund Raiser

Page Subtotal 8500-

Grand Total of All Schedules 1A (Complete on last page of Schedule) 8500

Enter this total on line 3a of Summary Page.



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

Corrected #4

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>SALVATION Army</u> <u>PO Box 3207</u> <u>Flint, MI 48502</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>10-21-19</u> Date	<u>\$ 250-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement # 2 Name & Address: <u>YMCA Partner with Youth</u> <u>411 E. 3rd Street</u> <u>Flint, MI 48503</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>10-21-19</u> Date <u>\$ 275-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement # 3 Name & Address: <u>Berston Field House</u> <u>3300 N. Saginaw St</u> <u>Flint, MI 48505</u>	Purpose <u>TRUNK OR TREAT</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>10-24-19</u> Date <u>\$ 300-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement	Disbursement # 4 Name & Address: <u>Friends of Tim Sneller</u> <u>2253 McLaren St.</u> <u>Burton, MI 48509</u>	Purpose <u>Fundraiser Tickets</u> Disbursement Code <u>10</u> <input checked="" type="checkbox"/> Fund Raiser	<u>10-25-19</u> Date <u>\$ 100-</u> Click for Memo Itemization Type
Subtotal this page Grand Total of all Schedules 1C (Complete on last page of Schedule)			<u>925-</u>

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
Note: No campaign expenditures are to be reported on this schedule; Incidental Office Expense Disbursements ONLY

Enter this total on line 10a of Summary Page



**INCIDENTAL OFFICE EXPENSE
DISBURSEMENTS
SCHEDULE 1C
CANDIDATE COMMITTEE**
(For use by officeholders only)

Corrected #3/#1

1. Committee I. D. Number 33520
2. Committee Name Jeff Wright 2000

3. Name and address of person to whom disbursement was made	4. Description of Disbursement (Be specific & you may assign a disbursement code*)	5. Date	6. Amount of Disbursement
Disbursement # 1 Name & Address: <u>MI Democratic Party</u> <u>PO Box 7787</u> <u>Flint, MI 48507</u>	Purpose <u>Fundraiser Tickets</u> Disbursement Code <u>60</u> <input checked="" type="checkbox"/> Fund Raiser	<u>11-15-19</u> Date	<u>\$650-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 2 Name & Address: <u>Genesee Co. Arg. Society</u> <u>2188 W. MT. MORRIS RD.</u> <u>MT. MORRIS, MI 48458</u>	Purpose <u>Annual Membership</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>11-19-19</u> Date	<u>\$25-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 3 Name & Address: <u>Comm. to Elect Dume Haskins</u> <u>2359 Melody Lane</u> <u>BURTON, MI 48529</u>	Purpose <u>Fundraiser Tickets</u> Disbursement Code <u>10</u> <input checked="" type="checkbox"/> Fund Raiser	<u>12-3-19</u> Date	<u>\$100-</u> Click for Memo Itemization Type
<input type="checkbox"/> Check box if this disbursement is payment of debt or obligation reported on previous statement Disbursement # 4 Name & Address: <u>Catholic Relief Services</u> <u>PO Box 17145</u> <u>Baltimore, MD 21298</u>	Purpose <u>Donation</u> Disbursement Code <u>60</u> <input type="checkbox"/> Fund Raiser	<u>12-4-19</u> Date	<u>\$100-</u> Click for Memo Itemization Type

Subtotal this page 875-
 Grand Total of all Schedules 1C
 (Complete on last page of Schedule)

Enter this total on line 10a of Summary Page

*PLEASE REFER TO INSTRUCTIONS FOR LIST OF DISBURSEMENT CODES
 Note: No campaign expenditures are to be reported on this schedule; incidental Office Expense Disbursements ONLY